INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION BENEFITS INFORMATION AND OPTION SELECTION FORM

STD. 618S (REV. 6-94) (FRONT)

EMPLOYEE NAME	DATE MAILED TO EMPLOYEE						
EFFECTIVE DATE	DATE OF INJURY						
CBID	RESPONSE DUE DATE						

It has been determined that you have been industrially injured and that you are eligible for an income continuation program.

You have a choice of receiving Industrial Disability Leave payments with or without supplementation of your available leave credits. Also, all medical treatment reasonably required to assist you will be paid in full.

Review this information carefully because the choice is an irrevocable one. The reverse side of this form provides you with detailed information based on your own salary, voluntary deductions and available leave credits.

You must sign the form and return it to your departmental personnel office within 15 days. Failure to respond will result in you being placed on Basic IDL without supplementation.

DESCRIPTION OF BENEFITS									
Question	Industrial Disability Leave	Industrial Disability Leave Using Available Leave Credits							
Is there a waiting period before benefits start?	Yes, three days. This is waived if you are hospitalized, disabled as a result of a criminal act of violence, of more than 14 days.								
How much may I receive?	Amount varies and is limited to 52 weeks of payments within a two-year period beginning on the first day of disability. Your regular monthly net pay for 1st 22 working days*; 2/3 gross pay thereafter less voluntary deductions for up to an additional 11 months. NONE OF YOUR LEAVE CREDITS ARE USED. *For the first 22 working days on Industrial disability Leave, if time is lost for any part of a day, it shall be considered as a full date of disability and counted as one date towards the first 22 working days	For the first 22 dates of disability, you will receive your regular monthly net pay. Beginning on the 23rd date you may supplement the 2/3 gross pay with accrued leave credits in an amount necessary to approximate normal net pay. Once the level of supplementation is chosen it cannot be increased but maybe decreased on a prospective basis at your discretion.							
What leave credits may be used?	N/A	Sick leave, CTO-compensating time off, vacation of annual leave, or other leave credits such as personal leave.							
Instead of Industrial Disability Leave may I opt to supplement a workers' compensation payment such as temporary disability?	No. This option is no longer available to you as long as Once IDL is exhausted you may supplement the w credits.								
Does the State contribution for my health, dental and other insurance premiums continue?	State contribution continues.								
Do I continue to earn annual leave, vacation, and sick leave credits?	You continue to receive full credit.								
Do I continue to earn personal leave credit?	This depends on how much time is lost in any one pay period. If you are off the entire pay period on IDL with or without supplementation no reduction is made in your pay so no personal leave credit is earned.								
Do I continue to make my PERS/STRS contribution and earn full retirement credit?	Yes, you continue to make your full PERS/STRS contr	ibution and you continue to earn full retirement credit							
Will disability payments from other sources affect my IDL benefits?	Your benefits may be reduced if you receive Social S for yourself will not be affected.	ecurity disability payments. Any benefit that you pay							

In order to continue to receive IDL or IDL/S employees are required to participate in a vocational rehabilitation plan when offered by the State.

We recommend that you keep a copy of this notice. You can then refer to it if you need further information or any questions answered. The rules governing employees of the State University system may be slightly different from those described. If you are an employee of that system please check with your Personnel Department.

STATE OF CALIFORNIA

ST	D. 618S (REV. 6-94) (REVERSE)	DUSTRIAL DISA	ABILITY LEAVE	- B	ENEFII OP	TION COMPARIS	ON			
NAME			CBID	S	SOCIAL SECURITY NO. All computation Salary for:			is based on			
POSITION NUMBER SALARY RATE		RETIREMENT RATE	TAX FILING STATUS ADDITIONAL TAX Federal State				pay period				
1. REGULAR MONTHLY SALARY/*INDUSTRIAL DISABILITY LEAVE - FIRST 22 WORKING DATES			2. INDUSTRIAL DISABILITY LEAVE - AFTER FIRST 22 WORKING								
			DA.	TES	BASI	C IDL					
GROSS SALARY			\$	GI	ROSS SALAR		\$				
PERS/STRS				-	LESS 1/3 ADJUSTMENT				-		
Γ	FEDERAL INCOME TAX -				GROSS IDL BENEFIT PAYMENT				\$		
LESS	SOCIAL SECURITY/MEDICARE -				PERS/STRS RETIREMENT			-			
Γ	STATE INCOM	1E TAX		-	2/3	2/3 OF NET PAY			\$		
F	FULL NET PAY			\$		CODE ORGANIZATION			AMOUNT		
	CODE	ORGANI	ZATION	AMOUNT							
	MISCELLANEOUS DEDUCTIONS MISCELLANEOUS DEDUCTIONS				T					MISCELLANEOUS I	
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				=	ET IDL BENEF	\$					
TOTAL MISCELLANEOUS DEDUCTIONS -			3. IDL WITH SUPPLEMENTATION								
REGULAR NET PAY/*NET IDL BENEFIT PAY \$				GI	GROSS SUPPLEMENTATION PAY			+			
TAX DEFERRED COMPENSATION NET \$				SS	FEDERAL IN		-				
* ADJUSTED BY: FEDERAL, STATE & OTHER TAXES				╡".	STATE INCOME TAX						
	SICK LEAVE	CTO	EAVE CREDITS VACATION	ANNUAL	╁	SOCIAL SECURITY/MEDICARE			-		
	AVE			7.111.07.2	NI	ET SUPPLEMI	ENTATION PAY		\$		
F	HOLIDAY	PERSONAL HOLIDAY	PERSONAL LEAVE	OTHER	NI	ET IDL BENEF	IT PAY (from # 2 abov	re column)	\$		
L					A	DDITIONAL M	ISCELLANEOUS DE	DUCTIONS	-		
١,		EDIT NEEDED FOR		ON IN A	TO	OTAL NET IDL	/S BENEFIT PAY		\$		
L	21 22	(Checkone) DAY PAY	PERIOD ARE	•	SPECIAL IDL CONDITIONS & RESTRICTIONS						
PLEASE NOTE: ALL CALCULATIONS ARE BASED ON THE PAY PERIOD INDICATED ABOVE. LEAVE CREDITS NEEDED FOR SUPPLEMENTAL PAY WILL VARY DEPENDING ON THE NUMBER OF WORK DATES IN THE PAY PERIOD.				For the first 22 days on Industrial Leave, if time is list for any part of a day, it shall be considered as a full day of disability and count as one date towards the first 22 dates. Deductions for Deferred Compensation cannot be taken on the basic Industrial disability benefit. Deductions for Deferred Compensation can only be taken on industrial disability leave with supplementation (IDL/S) and only if there is enough money generated by the supplementation pay to cover the deduction.							
					Employees must keep their personnel office informed of any industrial disability benefits received from other programs.						
	Please indicate your benefit selection in the space below and return this letter to your Personnel Office within 15 calendar days, or no			EMPLOYEE CERTIFICATION AND SIGNATURE							
later than the date indicated above. Failure to respond in the allowed time will result in you being placed on IDL without supplementation. Industrial Disability Leave (IDL) without supplementation				Co	I have received a copy of the Industrial Disability Leave Benefit Option Comparison (form STD. 618-S) and I understand that the election I made above regarding my choices related to IDL and IDL/S are subject to the						
Industrial Disability Leave with supplementation (IDL/S)					restrictions outlined in this form. EMPLOYEE'SSIGNATURE			DATE SIGNED			
If you select IDL/S please indicate the level of supplementation											
requested. Please be advised that the Personnel Office may be required to change this supplementation level because of changes in your monthly pay status and available leave credits.				PE	PERSONNEL SPECIALIST'S SIGNATURE						
Full Supplementation in the amount indicated above. Partial Supplementation in the amount of hours.					PI	Contact the Personnel Office if you have questions regarding this form. Please contact the Return to Work Coordinator if you have questions regarding your disability benefits.					